Personal privacy information

DERBI - REPORT
293018

Dow AgroSciences — **Global Adverse Effects Reporting Form**

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Section 1. Administrative Data

Your Name* (last name, first name)	Your Location* (select country from dropdown list)	Employee ID* (e.g., U123456)	Date You Became Aware of Adverse Effect Allegation (mm/dd/yyyy)
Rigó, Tibor	Hungary	N/A, contractor	May 23, 2016

Reporter Name (person/organization reporting information to you)	Reporter Address (street, city, state/province, country)	Reporter Phone Number (include area/country code)	
[redacted]	[redacted]	[redacted]	☑ New Report ☐ Update to Previous Report

Contact Name (if different than reporter name)	Contact Address (street, city, state/province, country)	Contact Phone Number (include area/country code)

Section 2. Pesticide(s) Involved (include Dow AgroSciences Crop Protection and Seeds Traits & Oils, as well as, third-party products)

Product Name	Active Ingredient(s)	Registration #	Diluted or Concentrated	Tank Mix Partner?
Dessicash 20 SL	diquat-dibromide	04.2/1301-2/2013	Diluted for Use	
Dominator Extra 608 SL	Glyphosate	04.2/533-1/2013	Diluted for Use	No
Roundup Classic	Glyphosate	04.2/13116-1/2014	Diluted for Use	No

Section 3. Circumstance Information (complete the Form based on information available at the time you become aware of an allegation; no investigation is required)

Date of Exposure or Alleged Adverse Effect (mm/dd/yyyy)	Location of Exposure or Alleged Adverse Effect: City	State/Province	Country
May 20, 2016	Szolnok	N/A	Hungary

Type of Exposure/Event (check all that apply)

☑ Human ☐ Plant Damage ☐ Water Contamination (e.g., drinking water, surface water, groundwater) ☐ Property Damage ☐ Study
☐ Domestic Animal ☐ Fish or Wildlife ☐ Other Non-target Organism (e.g., beneficial insects) ☐ Packaging Failure ☐ Other (e.g., development of resistance, spill, etc.)

Situation	Use Site	How Exposed	Route of Exposure (for human and animal only)
Application	Agricultural	Equipment Failure	Skin/Dermal

Was Protective Clothing Worn?	Were Label Directions Followed?	Was Exposure Intentional? (e.g., suicide attempt)	Any Evidence of Intentional Product Misuse?
Yes	Yes	No	No

Provide Brief Description of Circumstances

Technician wearing appropriate PPE sprayed a trial site with the above mentioned pesticides on 19th May 2016. On 20th May 2016 after leaving his workplace he realised small red spots on the bottom part of his leg. Next Monday morning he informed the Field Station Leader about this event. Field Station Leader consulted with Occupational Helath Care advisor and sent him to visit a specialist. The result: special creme and tablet need to be used for some days in order to treat spots and he needs to go back to dermatologist for a check one week later. No absence is needed for recovery.

List Symptoms, If Any

Small red spots on the bottom part of his leg

Who Made the Application?	If Other, Please Specify	Is Applicator Certified?	Method of Application	Application Rate
Other	Technician	Yes	Band	2 L pr/ha

If Human Exposure:

Person 1: Age	Gender	Duration of Exposure (minutes, hours, days, etc.)	Time Between Exposure and Onset of Symptoms (minutes, hours, days, etc.)	Type of Medical Care Sought
53	Male	180 minutes	24 hours	Private Physician

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If Domestic Animal Exposure:

Animal 1: Indicate Type (e.g., dog, cat, horse, cow, etc.)	Breed/Species	Number Affected	Type of Veterinary Care Sought

For AE COE Use Only

If Wildlife Exposure:

Wildlife 1: Indicate Type | Species | Number Affected

If Plant Damage:

Plant 1: Indicate Type | Species (e.g., corn, soybeans, tomatoes, etc.) | Plants Affected | Number of Acres Exposed | Number of Acres Affected (showing symptoms)

Additional Information, if Available (e.g., if sampling and/or analysis was performed, provide laboratory results)

Section 4. Study Information (complete this section if you are reporting study-related adverse effects)

Check the category that best describes the type of study information you are reporting:

- ☐ Toxicological
- ☐ Ecological
- ☐ Metabolites, Degradates, Contaminants, or Impurities
- ☐ Pesticides Detected in or on Food, Feed, or Water
- ☐ Human Epidemiological or Exposure
- ☐ Failure of Performance Information

Was Study Discontinued Before Planned Termination? | Is Study Complete? (if yes, submit copy of study report with this Form) | Type of Effect(s) Observed

Species and Strain | Dose(s) or Volume(s) | Number/Sex/Dose | Exposure/Dose Route | Treatment Regimen (frequency/duration of exposure)

Provide Brief Explanation of Triggering Effect